

## Procedural Guide

0600-500.20

### PROTECTED HEALTH AND MEDICAL INFORMATION: ACCESS AND SHARING

Date Issued: **11/04/09**

☐ New Policy Release

☒ Revision of existing Procedural Guide Protected Health Information/Medical Information: Access and Sharing dated 04/30/09.

**Revision Made:** **NOTE: Current Revisions are Highlighted**

**The recommendation order to court for mental health/developmental services and release of information has been updated.**

Cancels: None

### DEPARTMENTAL VALUES

The Department continues to focus on the three priority outcomes: Improved safety for children, improved timelines to permanency and reduced reliance on detention as the only method to assure safety for children. Timely permanence may be achieved through the following options, with the first permanency option being reunification, followed by adoption and legal guardianship with a relative followed by legal guardianship with an unrelated caregiver.

This Procedural Guide supports safety for children by providing instruction to the CSW on how to access health and mental health information on behalf of youth under DCFS supervision to ensure their health care needs are met.

### WHAT CASES ARE AFFECTED

This Procedural Guide is applicable to all new and existing referrals and cases.

## **OPERATIONAL IMPACT**

This policy addresses the Federal and State laws regarding disclosure of Protected Health Information (PHI) (health and mental health information) by health care providers to DCFS, caregivers and the court. The limits on re-disclosure of medical or mental health information obtained by DCFS is also addressed.

In 2003 the federal Health Insurance Portability and Accountability Act (HIPAA) was enacted. It is designed to give patients more control over their health information; set boundaries on the use and disclosure of health information; institute safeguards to protect privacy of health information; create accountability, civil and criminal penalties and; establish a balance between individual privacy and the public good.

HIPAA is not intended to conflict with State law. In cases where the law of California is more restrictive than HIPAA, then the State law will be followed. Conversely, if HIPAA is more restrictive than State law, then HIPAA will be followed unless there is a legal exception.

Health and mental health information sharing begins during the investigation of a new referral and continues throughout the life of an open case. There are laws in place, ie. WIC 830 & 5328.4 and Civil Code 56.10(c) (20) & 56.103, that allow medical providers to share information with CSWs for specific reasons, however, medical providers may choose not to exercise this right. The DCFS 179-PHI, Authorization for Disclosure of Child's Protected Health Information (PHI) was developed to facilitate the sharing of protected health information and is to be used to receive PHI on children with an open DCFS case. Information received by the CSW may be shared with agencies authorized to receive juvenile records when such agencies are providing or coordinating health care services and medical treatment of the minor, see Procedural Guide 0500-501.10, Releasing DCFS Case Record Information and 0500-501.20, Release of DCFS Case Records to Service Providers. However, the court or parent may restrict who may receive the PHI and CSWs must comply with the restrictions. Appendix A, Sharing and Disclosure of Protected Health Information (PHI) for DCFS Involved Children contains an explanation of the points at which access to health or mental health information becomes necessary.

In general, authorization for disclosure of Protected Health Information (PHI) should be sought on new cases, or when a new medical, mental health or developmental need is identified at the same time that consent for treatment is obtained. See Procedural Guide 0600-501.09, Consent for Mental Health and/or Developmental Assessment and Services.

The Department intends to have all newly detained children in out-of-home care referred to MAT (Multi-Disciplinary Teams) for comprehensive assessments. In order to do so in a timely manner, the CSW needs to obtain consent for treatment and authorization for disclosure of Protected Health Information (PHI) on all newly detained children in out-of-home care; however, MAT is not fully implemented in all DCFS offices

at this time. In offices that **do not have** MAT fully implemented, consent for treatment and authorization for disclosure of Protected Health Information (PHI) will only need to be obtained if there is a positive result on the Mental Health Screening Test (MHST) or the child exhibits behaviors that indicate an unmet medical, mental health and/or developmental need. Similarly, in offices where the Coordinated Services Action Team (CSAT) **has been** implemented, a MHST will be administered to all children and the CSW needs to obtain consent for treatment and authorization for disclosure of Protected Health Information (PHI) for those children with a positive MHST result. In offices **without** CSAT, there is no requirement to administer the MHST to all children, but if there are concerns that the child has an unmet mental health need, the CSW will need to obtain consent for treatment and authorization for disclosure of Protected Health Information (PHI) prior to referral to Co-Located Mental Health staff for assessment and linkage to services. See Procedural Guide 0070-516.05, Screening and Assessing Children for Mental Health Services and Referral to the Coordinated Services Action Team (CSAT) for a list of behavioral indicators.

Developmental screenings and/or assessments are routinely performed by MAT providers and medical HUBs or pediatricians during well-child examinations. If, based on a medical or developmental concern discovered through the MAT assessment or medical examination, a referral to Regional Center is indicated, the CSW must obtain consent and authorization for disclosure of Protected Health Information (PHI) prior to referring the case to the Regional Center. Regional Center can accept the case for evaluation only if there are consent and authorization for disclosure of Protected Health Information (PHI) included in the referral documents.

For clarification purposes, the terms, **Protected Health Information (PHI) and Medical Information** are defined below. These terms will be used interchangeably throughout this Procedural Guide.

### **Protected Health Information (PHI)**

PHI, as defined by HIPAA, is health (including mental health) information created or maintained by a health care provider that identifies or can be used to identify a specific individual. PHI relates to an individual's health, health care or payment for care – in the past, present or future.

### **Medical Information**

Medical information, as defined by the California Civil Code, means any individually identifiable\* information, in electronic or physical form, in possession of or derived from a provider of health care, health care service plan, pharmaceutical company, or contractor regarding a patient's medical history, mental or physical condition, or treatment.

(\*"Individually identifiable" means that the medical information includes or contains any element of personal identifying information sufficient to allow identification of the

individual, such as the patient's name, address, e-mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the individual's identity.)

The term, "medical information" **does not include** psychotherapy notes as defined in Section 164.501 of Title 45 of the Code of Federal Regulations (i.e. notes made by the therapist about a private therapy session that are kept separate from the rest of the patient's medical record). These notes are subject to additional privacy protections, and cannot be disclosed by therapists even in situations where other protected health information may be disclosed."

## **Authorization**

- Non-Dependent Children (No Court jurisdiction)

Valid written authorization is always necessary for disclosure of PHI

Protected Health Information (PHI) and medical information are confidential and health/mental health care providers cannot disclose this information without the valid authorization of the parent, or child, where the child is legally able to provide authorization, or other person, where such other person is legally able to provide authorization. In some cases a child, 12 years of age or older, may be legally permitted to authorize the disclosure of her/his personal health or mental health information. (Please see page 6 of this Procedural Guide for a list of situations in which a youth may authorize to disclosure of PHI.)

- Children Under Court's Jurisdiction (Pre & Post Disposition)

Valid written authorization is not legally necessary for disclosure of PHI:

If the child is under court ordered DCFS supervision, a health care provider is allowed by law to disclose medical or mental health information to DCFS without the authorization of the child or parent/legal guardian in order to coordinate the health and mental health treatment of the child.

Valid written authorization may be necessary for disclosure of PHI:

Notwithstanding that the law allows a health care provider to disclose health or mental health information to DCFS, the law does not require a health care provider to do so and many health care providers are only willing to disclose such information with either the authorization of the child\* or the authorization of the child's parent/legal guardian or with a court order. In the event that a health care provider is reluctant to disclose confidential health or mental health information the DCFS 179-PHI is to be used or the CSW may obtain a court order. County Counsel is available for assistance if needed. (\*See page 7 of this Procedural Guide regarding when a youth may authorize.)

**NOTE: The authorization of the child's attorney or a CASA IS NOT REQUIRED.** If a health care provider is reluctant to provide requested health or mental health information because the child's attorney or a CASA has contacted them and claimed "privilege", contact County Counsel immediately for assistance.

### **Transmission of PHI or Medical Information**

- Critical confidential documents such as PHI or medical information, court reports and other sensitive material shall not be e-mailed or faxed from an **alternative work location** to regional offices or other locations. E-mail is not secure and shall not be utilized to transmit confidential/sensitive information to or from a location outside the department. Transmittal of highly sensitive material must be done in person. Please refer to Procedural Guide: 0500-507.10, Confidentiality Protocols for Telecommuting, Users of Portable Computing Devices and Mobile Workers.

**NOTE:** Additional references for DCFS protocol for handling Personal and/or Confidential Information include: Management Directive 08-03, Use of Department Portable Computing Devices; Management Directive 08-04, Information Technology Security Incident Reporting and; Board of Supervisors Policy 3.040, General Records Retention and Protection of Records Containing Personal and Confidential Information at: <http://countypolicy.co.la.ca.us/BOSPolicyFrame.htm>, as well as, BIS Computer Support/Computer Security on LA Kids at: <http://lakids/dcfs/BISCS/security/index.htm>

- Health Care Providers: Some providers may be reluctant to deliver PHI or Medical Information via FAX and in these cases other arrangements will have to be made (e.g., standard mail delivery, pick-up in person, etc.)

### **Permission for Provider of Health Care to Disclose Medical Information**

By law, it is permissible (but not required) for a provider of health care to disclose medical information to a CSW, or any other person who is legally authorized to have custody or care of a dependent child, so long as that information is used for the purpose of coordinating health care services and medical treatment provided to the child.

### **Health Care Services and Medical Treatment**

Health care services and medical treatment includes one or more providers of health care who are engaged in providing, coordinating, or managing health care and related services, including, but not limited to: A provider of health care coordinating health care

with a third party; consultation between providers of health care and medical treatment relating to a dependent child; or a provider of health care referring a dependent child for health care services to another provider of health care.

### **CSW's as "Third Parties"**

A CSW, or any other person who is legally authorized to have custody or care of a dependent child is considered a "third party" who may receive any of the following:

1. Medical information described in Civil Code Sections 56.05(g) and 56.10.
2. Protected Health Information (PHI) described in Section 160.103 of Title 45 of the Code of Federal Regulations.

### **Limits of Re-disclosure of Medical Information**

Medical information disclosed to a CSW, or any other person who is legally authorized to have custody or care of a dependent child shall not be further disclosed by the recipient unless the disclosure is for the sole purpose of coordinating health care services and medical treatment of the child and the disclosure is authorized by law.

### **Disclosure of Diagnosis and Treatment of Mental Health Condition**

If a provider of mental health care determines that the disclosure of information concerning the diagnosis and treatment of a mental health condition of a dependent child is reasonably necessary for the purpose of assisting in coordinating the treatment and care of the child, that information may be disclosed to a CSW, or any other person who is legally authorized to have custody or care of the child. The information shall not be further disclosed by the recipient unless the disclosure is for the purpose of coordinating mental health services and treatment of the child and the disclosure is authorized by law.

### **When Medical or Mental Health Information May Not Be Used As Evidence**

Medical or mental health information disclosed to a CSW, or any other person who is legally authorized to have custody or care of a dependent child may not be admitted into evidence in any criminal or delinquency proceeding against the dependent child. The law does not prohibit identical evidence from being admitted in a criminal proceeding if that evidence is derived solely from lawful means other than when disclosed under the circumstances described above.

### **When Disclosure is Otherwise Required by Law, Civil Code 56.103 Does Not Apply**

The disclosure of information pursuant to Civil Code section 56.103 is not intended to limit the disclosure of information when that disclosure is otherwise required by law.

## **Limits on Interference With Existing Privacy Protections**

Except for disclosure of information regarding diagnosis and treatment of a mental health condition for the purpose of assisting in coordinating the treatment and care of the child, no other limits on existing privacy protections in state or federal law are permitted.

## **Limits of CSW Authority to Access Medical Information**

The authority of a CSW, or custodial caregiver may not be expanded beyond the authority provided under existing law to a parent or a patient representative regarding access to medical information.

## **Permission to Disclose & Exchange Information When Working In a Multidisciplinary Personnel Team (Pursuant to WIC 830)**

Members of a multidisciplinary personnel team engaged in the prevention, identification, and treatment of child abuse may disclose and exchange information and writings to and with one another relating to any incidents of child abuse that may also be a part of a juvenile court record or otherwise designated as confidential under state law if the member of the team having that information or writing reasonably believes it is relevant to the prevention, identification, or treatment of child abuse.

Multidisciplinary personnel team means any team of three or more persons, as specified in Section 18951, the members of which are trained in the prevention, identification and treatment of child abuse and are qualified to provide a broad range of services related to child abuse.

## **A Youth May Authorize to the Disclosure of Protected Health Information (PHI) in the Following Situations:**

1. A youth may authorize the disclosure of medical records pertaining to health care of a type for which the minor is lawfully authorized to consent. Consequently, a minor who is 12 years of age or older may authorize the disclosure of mental health PHI if both of the following requirements are satisfied:
  - a) The youth, in the opinion of the attending professional person, is mature enough to participate intelligently in the outpatient services.
  - b) The youth would present a danger of serious physical or mental harm to self or to others without the mental health treatment, or is the alleged victim of incest or child abuse.
2. The youth has been declared emancipated from his/her parent/guardian by the courts and as been issued an identification card by the Department of Motor Vehicles.

3. The youth is self sufficient as exhibited by being over 15 years old, not living at home and manages his/her own financial affairs and her/his parents are not liable for the health care provided.
4. The youth is currently serving in the US Armed Forces.
5. The youth is or has been married.

## **Procedures**

### **A. WHEN: REQUESTING ACCESS TO PROTECTED HEALTH INFORMATION (PHI) DURING CHILD ABUSE INVESTIGATIONS**

Both State law and HIPAA authorize the disclosure of PHI or Medical Information for reporting and investigation of suspected child abuse.

#### **ER, ISW or CSW Responsibilities**

1. Complete an ABCDM 228 for each health or mental health care provider and obtain the signature of parent(s)/child(ren) as appropriate.
2. If the parent(s)/child(ren) or health/mental health care provider deny access to health or mental health information contact County Counsel.

### **B. WHEN: A DEPENDENT YOUTH IS A PARENT AND HER/HIS NON-DEPENDENT CHILD IS RESIDING WITH HER/HIM IN THE SAME PLACEMENT**

#### **ISW or CSW Responsibilities**

1. Ask the dependent parent to complete and sign the Parenting Youth's Authorization to Document and Share Her/His Non-Dependent Child's Health Information form.
2. Provide a signed copy to the youth and keep a copy in the case file.
3. To the extent that the youth agrees to documentation and sharing of her/his dependent child's health information, enter the non-dependent child's information into the case file and CWS/CMS where appropriate.
4. Monitor the safety, health and well being of the non-dependent child.

**C. WHEN: REQUESTING ACCESS TO PROTECTED HEALTH INFORMATION (PHI) REGARDING CHILDREN NEWLY DETAINED DCFS COURT SUPERVISED FR CASES WHERE MAT IS FULLY IMPLEMENTED**

Health care information will be obtained on an ongoing basis, by the foster parent via the DCFS 561(a)(b)(c) series. Additional health information on a child with an open DCFS case may be obtained by requesting it directly from the provider. If the provider refuses to disclose health information without the authorization of the child or her/his parent/legal guardian then the DCFS 179-PHI (and a redacted Minute Order if required) is to be utilized. In order to facilitate the sharing of PHI, the DCFS 179-PHI should be signed by the parents at the earliest point possible of the case, prior or immediately after a detention. The court may make an order authorizing DCFS to sign medical consents.

The ABCDM 228 is to be used when seeking PHI on a parent.

**ER CSW Responsibilities (including ERCP CSWs)**

- \* For the purposes of this Procedural Guide, "newly detained" is defined as a child removed from the custody of his/her parent(s)/legal guardian(s) under a WIC 300 petition, placed in out-of-home care and not named on a currently open case. (The "newly detained" population does not include children removed from one parent & placed with another under a Court FM case, a failed VFM.
- 1. Prior to the detention hearing, explain to the parent/legal guardian that their authorization is needed to facilitate the sharing of protected health information to assist with the necessary and appropriate mental health and/or developmental assessment and services. Explain to the parent/legal guardian that by signing the DCFS 179-PHI, (s)he is agreeing to authorize any physician, health care professional, hospital, clinic, laboratory, medical facility or other health care provider that has provided treatment or services, including mental health treatment, to their child to release relevant mental health information upon request to authorized employees of the Los Angeles County Department of Children and Family Services (DCFS). Inform the parent/legal guardian of the following:
  - a) If the parent/legal guardian does not agree to sign the DCFS 179-PHI it will not be held against them but authorization for disclosure of Protected Health Information (PHI) will be sought through the court at the detention hearing.
- 2. If the parent/legal guardian signed the DCFS 179-PHI, place the original in the Psychological/Medical/ Dental/School folder (purple) and provide a copy of the DCFS 179-PHI to the following:
  - a) Parent/legal guardian,

- b) Any caregiver responsible for obtaining mental health and/or developmental services (Regional Center) for the youth, and/or
  - c) In offices where CSAT **has been** implemented, to the CSAT Screening Clerk along with the DCFS 179-MH and Mental Health Screening Tool (MHST).
  - d) In offices where CSAT **has not been** implemented, to the Co-located DMH staff.
3. If the child is newly detained, document the following in the Detention Report:
- a) If the parent or legal guardian signed the DCFS 179-PHI (and the DCFS 179-MH) prior to the detention hearing, document in the “**REASONABLE EFFORTS AND/OR PRIOR INTERVENTIONS/SERVICES OFFERED**” section of the report:  
  
“Parent/Legal Guardian (enter parent’s name) signed the DCFS 179 MH Parental Consent for Child’s Mental Health/Developmental Assessment and Participation in Mental Health/Developmental Services, and the DCFS 179-PHI, Authorization for Disclosure of Child’s Protected Health Information.”
  - b) If the parent or legal guardian declined, or is unavailable to sign the DCFS 179-PHI and the DCFS 179-MH before the Detention hearing, describe the efforts made to obtain the parent’s signature on the forms, the reason why it was not possible to obtain the signatures and include in the “**REASONABLE EFFORTS AND/OR PRIOR INTERVENTIONS/SERVICES OFFERED**” section of the report:

Add the following language under “**RECOMMENDATION**”:

**It is respectfully recommended that the court make the following order:  
“The court orders a mental health and/or developmental assessment of the child[ren] \_\_\_\_\_ to be performed by a licensed mental health professional within the State DMH approved disciplines. Further, the developmental assessment of the child[ren] may be performed by an approved Regional Center provider.**

**The above referenced mental health and/or developmental assessment is to be used solely for the purpose of coordinating/providing treatment and/or other services for the child[ren].**

**Upon recommendation of the approved professional, necessary mental health and/or developmental treatment is authorized and DCFS is to secure services to be provided by a licensed mental health professional within the State DMH approved disciplines or a qualified person under the direction of a licensed mental health professional within the State DMH approved disciplines. Further, necessary mental health and/or developmental treatment may be provided by Regional Center staff or an**

approved Regional Center provider. The child[ren]'s attorney is to be notified within 72 hours from the time the child[ren] is referred for mental health and/or developmental treatment.

This order does not apply to administration of psychotropic medications.

The child[ren]'s service provider shall provide DCFS with information relevant to the care and treatment of the child[ren] upon request by DCFS. Such information shall not include the details of therapeutic sessions or statements made by the child[ren] unless otherwise required by law. Further pursuant to Welfare and Institutions Code Section 5328.04 and Civil Code §56.103 information disclosed pursuant to this order may not be admitted into evidence in any criminal or delinquency proceeding against the child. Nothing in this order shall prohibit identical evidence derived solely from other lawful means from being admissible in a criminal proceeding.

DCFS is to regularly update this Court, all parties to this case, and their legal counsel, regarding the status of the mental health and/or developmental assessment and treatment authorized pursuant to this order.”

- c) When the minute order is received with the court authorization for release of mental health and/or developmental assessment and services, provide a copy of the redacted minute order to the mental health provider to initiate mental health treatment for the youth and/or Regional Center to complete the developmental assessment and provide services.

### **ISW or CSW Responsibilities**

1. Upon placement, provide the caregiver with the youth’s HEP, HEP Binder and several DCFS 561(a)(b)(c) series forms.
2. Instruct the caregiver on how to utilize the forms for documentation of health and mental health information during the child’s regular visits to the doctor, dentist, mental health care provider or psychiatrist.
3. Ensure a DCFS 179-PHI, (and DCFS 179-MH when appropriate) signed by the parent(s), is in the child’s case file.
4. Request PHI from health and mental health care providers by utilizing the DCFS 179-PHI, and a redacted Minute Order (if required).

**NOTE:** Always offer Multidisciplinary Assessment Team (MAT) program services in offices where MAT is fully implemented. Please refer to Procedural Guide 0600-500.05, Multidisciplinary Assessment Team (MAT) for detailed instructions.

DCFS, the Probation Department, Department of Health Services (DHS) and the Department of Mental Health (DMH) have entered into a Memorandum of Understanding dealing with the sharing of both health and mental health information of children being served by these Departments. For full instruction, please refer to Procedural Guide 0500-501.30, Disclosures of Health and Mental Health Information To and From County Departments Providing Services to a Child/Youth.

### **SISW or SCSW Responsibilities**

1. When appropriate, support and assist the CSW to obtain required health or mental health care information for the child.

**D. WHEN: REQUESTING ACCESS TO PROTECTED HEALTH INFORMATION (PHI) FOR CHILDREN ON NEW COURT SUPERVISED FR CASES WHERE MAT IS NOT FULLY IMPLEMENTED AND THERE IS A POSITIVE MENTAL HEALTH SCREENING TOOL (MHST), OBSERVATION OF BEHAVIORAL INDICATOR OR POTENTIAL DEVELOPMENTAL DELAY**

Health care information will be obtained on an ongoing basis, by the foster parent via the DCFS 561(a)(b)(c) series. Additional health information on a child with an open DCFS case may be obtained by requesting it directly from the provider. If the provider refuses to disclose health information without the authorization of the child or her/his parent/legal guardian then the DCFS 179-PHI (and a redacted Minute Order if required) is to be utilized. In order to facilitate the sharing of PHI, the DCFS 179-PHI should be signed by the parents at the earliest point possible of the case, prior or immediately after a detention. The court may make an order authorizing DCFS to sign medical consents.

The ABCDM 228 is to be used when seeking PHI on a parent.

### **ER CSW Responsibilities (including ERCP CSWs)**

1. If the child(ren) has a positive Mental Health Screen, medical or behavioral indicators and/or possible developmental delays prior to the detention hearing, explain to the parent/legal guardian that their authorization is needed to facilitate the sharing of protected health information to assist with the necessary and appropriate mental health and/or developmental assessment and services. Explain to the parent/legal guardian that by signing the DCFS 179-PHI, (s)he is agreeing to

authorize any physician, health care professional, hospital, clinic, laboratory, medical facility or other health care provider that has provided treatment or services, including mental health treatment, to their child to release relevant mental health information upon request to authorized employees of the Los Angeles County Department of Children and Family Services (DCFS). Inform the parent/legal guardian of the following:

- a) If the parent/legal guardian does not agree to sign the DCFS 179-PHI it will not be held against them but authorization for disclosure of Protected Health Information (PHI) will be sought through the court at the detention hearing.
2. If the parent/legal guardian signed the DCFS 179-PHI, place the original in the Psychological/Medical/ Dental/School folder (purple) and provide a copy of the DCFS 179-PHI to the following:
  - a) Parent/legal guardian,
  - b) Any caregiver responsible for obtaining mental health and/or developmental services (Regional Center) for the youth,
  - c) In offices where CSAT **has been** implemented, to the CSAT Screening Clerk along with the DCFS 179-MH and Mental Health Screening Tool (MHST)
  - d) In offices where CSAT **has not been** implemented, to the Co-located DMH staff with DCFS 179-MH and Mental Health Screening Tool (MHST) if positive.
3. Document the following in the Detention Report:
  - a). If the parent or legal guardian signed the DCFS 179-PHI (and the DCFS 179-MH) prior to the detention hearing: document in the "**REASONABLE EFFORTS AND/OR PRIOR INTERVENTIONS/SERVICES OFFERED**" section of the report:

"Parent/Legal Guardian (enter parent's name) signed the DCFS 179 MH Parental Consent for Child's Mental Health/Developmental Assessment and Participation in Mental Health/Developmental Services, and the DCFS 179-PHI, Authorization for Disclosure of Child's Protected Health Information."
  - b). If the parent or legal guardian declined, or is unavailable to sign the DCFS 179-PHI and the DCFS 179-MH before the Detention hearing, describe the efforts made to obtain the parent's signature on the forms, the reason why it was not possible to obtain the signatures and include in the "**REASONABLE EFFORTS AND/OR PRIOR INTERVENTIONS/SERVICES OFFERED**" section of the report.

Add the following language under “**RECOMMENDATION**”:

**It is respectfully recommended that the court make the following order: “The court orders a mental health and/or developmental assessment of the child[ren] \_\_\_\_\_ to be performed by a licensed mental health professional within the State DMH approved disciplines. Further, the developmental assessment of the child[ren] may be performed by an approved Regional Center provider.**

**The above referenced mental health and/or developmental assessment is to be used solely for the purpose of coordinating/providing treatment and/or other services for the child[ren].**

**Upon recommendation of the approved professional, necessary mental health and/or developmental treatment is authorized and DCFS is to secure services to be provided by a licensed mental health professional within the State DMH approved disciplines or a qualified person under the direction of a licensed mental health professional within the State DMH approved disciplines. Further, necessary mental health and/or developmental treatment may be provided by Regional Center staff or an approved Regional Center provider. The child[ren]'s attorney is to be notified within 72 hours from the time the child[ren] is referred for mental health and/or developmental treatment.**

**This order does not apply to administration of psychotropic medications.**

**The child[ren]'s service provider shall provide DCFS with information relevant to the care and treatment of the child[ren] upon request by DCFS. Such information shall not include the details of therapeutic sessions or statements made by the child[ren] unless otherwise required by law. Further pursuant to Welfare and Institutions Code Section 5328.04 and Civil Code §56.103 information disclosed pursuant to this order may not be admitted into evidence in any criminal or delinquency proceeding against the child. Nothing in this order shall prohibit identical evidence derived solely from other lawful means from being admissible in a criminal proceeding.**

**DCFS is to regularly update this Court, all parties to this case, and their legal counsel, regarding the status of the mental health and/or developmental assessment and treatment authorized pursuant to this order.”**

4. When the minute order is received with the court consent for mental health and/or developmental assessment and services, provide a copy of the redacted minute order to the mental health provider to initiate mental health treatment for the youth and/or Regional Center to complete the developmental assessment and provide services.

### **ISW or CSW Responsibilities**

1. Upon placement, provide the caregiver with the youth's HEP, HEP Binder and several DCFS 561(a)(b)(c) series forms.
2. Instruct the caregiver on how to utilize the forms for documentation of health and mental health information during the child's regular visits to the doctor, dentist, mental health care provider or psychiatrist.
3. Ensure a DCFS 179-PHI, signed by the parent(s), is in the child's case file.
4. Request PHI from health and mental health care providers by utilizing the DCFS 179-PHI, and a redacted Minute Order (if required).

### **SISW or SCSW Responsibilities**

When appropriate, support and assist the CSW to obtain required health or mental health care information for the child.

#### **E. WHEN: REQUESTING ACCESS TO PROTECTED HEALTH INFORMATION (PHI) FOR YOUTH WITH A NEW COURT FM CASE & WITH A POSITIVE MENTAL HEALTH SCREENING TOOL (MHST), OBSERVATION OF BEHAVIORAL INDICATOR OR POTENTIAL DEVELOPMENTAL DELAY**

1. Explain to the parent/legal guardian that by signing the DCFS 179-PHI, s/he is agreeing to authorize any physician, health care professional, hospital, clinic, laboratory, medical facility or other health care provider that has provided treatment or services, including mental health treatment, to their child to release relevant mental health information upon request to authorized employees of the Los Angeles County Department of Children and Family Services (DCFS). Inform the parent/legal guardian of the following:
  - a.) If the parent/legal guardian does not agree to sign the DCFS 179-PHI, it will not be held against them, but consent will be sought from the.
2. If the parent/legal guardian signed the DCFS 179-MH place the original in the Psychological/Medical/ Dental/School folder (purple) and provide a copy of the DCFS 179-MH to the following:
  - i. Parent/legal guardian,
  - ii Service provider responsible for providing health, mental health services for the youth and/or Regional Center for developmental services.

If the child is not currently being seen by a service provider. Take the following steps:

- i. In offices where CSAT **has been** implemented, provide a copy of the MHST, DCFS 179-PHI along with the DCFS 179-MH to the CSAT Screening Clerk.
  - ii. In offices where CSAT **has not been** implemented, provide a copy of the MHST, DCFS 179-PHI along with the DCFS 179-MH to the Co-located DMH staff if there is an observation of behavioral indicator or to the PHN if there is a potential developmental delay.
3. Document the following in the Detention Report:
- a). If the parent or legal guardian signed the DCFS 179-PHI (and the DCFS 179-MH) prior to the detention hearing, document in the "**REASONABLE EFFORTS AND/OR PRIOR INTERVENTIONS/SERVICES OFFERED**" section of the report:

"Parent/Legal Guardian (enter parent's name) signed the DCFS 179 MH Parental Consent for Child's Mental Health/Developmental Assessment and Participation in Mental Health/Developmental Services, and the DCFS 179-PHI, Authorization for Disclosure of Child's Protected Health Information."
  - b). If the parent or legal guardian declined, or is unavailable to sign the DCFS 179-PHI and the DCFS 179-MH before the Detention hearing, describe the efforts made to obtain the parent's signature on the forms, the reason why it was not possible to obtain the signatures and include in the "**REASONABLE EFFORTS AND/OR PRIOR INTERVENTIONS/SERVICES OFFERED**" section of the report.

Add the following language under "**RECOMMENDATION**":

**It is respectfully recommended that the court make the following order: "The court orders a mental health and/or developmental assessment of the child[ren] \_\_\_\_\_ to be performed by a licensed mental health professional within the State DMH approved disciplines. Further, the developmental assessment of the child[ren] may be performed by an approved Regional Center provider.**

**The above referenced mental health and/or developmental assessment is to be used solely for the purpose of coordinating/providing treatment and/or other services for the child[ren].**

**Upon recommendation of the approved professional, necessary mental health and/or developmental treatment is authorized and DCFS is to secure services to be provided by a licensed mental health professional within the State DMH approved disciplines or a qualified person under the direction of a licensed mental health professional within the State DMH approved disciplines. Further, necessary mental health and/or**

developmental treatment may be provided by Regional Center staff or an approved Regional Center provider. The child[ren]'s attorney is to be notified within 72 hours from the time the child[ren] is referred for mental health and/or developmental treatment.

This order does not apply to administration of psychotropic medications.

The child[ren]'s service provider shall provide DCFS with information relevant to the care and treatment of the child[ren] upon request by DCFS. Such information shall not include the details of therapeutic sessions or statements made by the child[ren] unless otherwise required by law. Further pursuant to Welfare and Institutions Code Section 5328.04 and Civil Code §56.103 information disclosed pursuant to this order may not be admitted into evidence in any criminal or delinquency proceeding against the child. Nothing in this order shall prohibit identical evidence derived solely from other lawful means from being admissible in a criminal proceeding.

DCFS is to regularly update this Court, all parties to this case, and their legal counsel, regarding the status of the mental health and/or developmental assessment and treatment authorized pursuant to this order."

4. When the minute order is received with the court consent for mental health and/or developmental assessment and services, provide a copy of the redacted minute order to the mental health provider to initiate mental health treatment for the youth and/or Regional Center to complete the developmental assessment and provide services.

**F. WHEN: REQUESTING ACCESS TO PROTECTED HEALTH INFORMATION (PHI) OF CHILDREN UNDER CURRENTLY OPEN DCFS COURT SUPERVISED CASES WITH A POSITIVE MENTAL HEALTH SCREENING TOOL (MHST), OBSERVATION OF BEHAVIORAL INDICATOR OR POTENTIAL DEVELOPMENTAL DELAY**

Health care information will be obtained on an ongoing basis, by the foster parent via the DCFS 561(a)(b)(c) series. Additional health information on a child with an open DCFS case may be obtained by requesting it directly from the provider. If the provider refuses to disclose health information without the authorization of the child or her/his parent/legal guardian then the DCFS 179-PHI (and a redacted Minute Order if required) is to be utilized. In order to facilitate the sharing of PHI, the DCFS 179-PHI should be signed by the parent/legal guardian at the earliest point possible of the case, prior or immediately after at the signing of a VFM or VFR case plan. The ABCDM 228 is to be used when seeking PHI on a parent.

## ISW or Case-Carrying CSW Responsibilities

1. Explain to the parent/legal guardian that their authorization is needed to facilitate the sharing of protected health information to assist with the necessary and appropriate mental health and/or developmental assessment and services. Explain to the parent/legal guardian that by signing the DCFS 179-PHI, (s)he is agreeing to authorize any physician, health care professional, hospital, clinic, laboratory, medical facility or other health care provider that has provided treatment or services, including mental health treatment, to their child to release and relevant mental health information upon request to authorized employees of the Los Angeles County Department of Children and Family Services (DCFS).
2. If the parent/legal guardian signed the DCFS 179-PHI, place the original in the Psychological/Medical/ Dental/School folder (purple) and provide a copy of the DCFS 179-PHI to the following:
  - a). Parent/legal guardian,
  - b). Any caregiver responsible for obtaining mental health and/or developmental services (Regional Center) for the youth, and/or
  - c). In offices where CSAT **has been** implemented, to the CSAT Screening Clerk along with the DCFS 179-MH and Mental Health Screening Tool (MHST).
  - d). In offices where CSAT **has not been** implemented, to the Co-located DMH or PHN staff as appropriate along with the DCFS 179-MH and Mental Health Screening Tool (MHST).
3. If the parent/legal guardian declined or is not available to sign the DCFS 179-PHI and it is more expedient to obtain consent from court, complete the following steps:
  - a) Document efforts made to obtain consent from the parent/legal guardian in the Contact Notebook.
  - b) Within three business days of determining the parent/legal guardian will not sign the DCFS 179-PHI, walk on an Ex-Parte report requesting an appearance hearing for the court to consent for the youth's mental health and/or developmental assessment and services. See Procedural Guide 0300-503.94, Set-On/Walk-On Procedures for more information. Include the following information in the Ex-Parte:
    - i. Explain that the parent/legal guardian is not available or declines to provide consent for mental health and/or developmental assessment and services;
    - ii. Describe efforts made to obtain consent from the parent/legal guardian;

- iii. Explain that court consent for mental health and/or developmental assessment and services is necessary to meet the mental health and/or developmental needs of the child; and
- iv. Include the following language under “**RECOMMENDATION**”:

**It is respectfully recommended that the court make the following order:**

**“The court orders a mental health and/or developmental assessment of the child[ren] \_\_\_\_\_ to be performed by a licensed mental health professional within the State DMH approved disciplines. Further, the developmental assessment of the child[ren] may be performed by an approved Regional Center provider.**

**The above referenced mental health and/or developmental assessment is to be used solely for the purpose of coordinating/providing treatment and/or other services for the child[ren].**

**Upon recommendation of the approved professional, necessary mental health and/or developmental treatment is authorized and DCFS is to secure services to be provided by a licensed mental health professional within the State DMH approved disciplines or a qualified person under the direction of a licensed mental health professional within the State DMH approved disciplines. Further, necessary mental health and/or developmental treatment may be provided by Regional Center staff or an approved Regional Center provider. The child[ren]'s attorney is to be notified within 72 hours from the time the child[ren] is referred for mental health and/or developmental treatment.**

**This order does not apply to administration of psychotropic medications.**

**The child[ren]'s service provider shall provide DCFS with information relevant to the care and treatment of the child[ren] upon request by DCFS. Such information shall not include the details of therapeutic sessions or statements made by the child[ren] unless otherwise required by law. Further pursuant to Welfare and Institutions Code Section 5328.04 and Civil Code §56.103 information disclosed pursuant to this order may not be admitted into evidence in any criminal or delinquency proceeding against the child. Nothing in this order shall prohibit identical evidence derived solely from other lawful means from being admissible in a criminal proceeding.**

**DCFS is to regularly update this Court, all parties to this case, and their legal counsel, regarding the status of the mental health and/or developmental assessment and treatment authorized pursuant to this**

**order.”**

- v.** When the minute order is received with the court authorization for the release of protected health information, provide a copy of the redacted minute order to the service provider to initiate mental health services for the youth and/or Regional Center to complete the developmental assessment and provide services.
4. If the parent declined or is unavailable to sign the DCFS 179-PHI and it would be more expedient to obtain authorization for release of protected health information from a youth 12 and older, document efforts made to obtain authorization from the parent/legal guardian in the Contact Notebook and attempt to obtain authorization from the youth if s/he is 12 years of age or older by completing the following steps:
  - a) If the youth is 12 years of age or older, have the service provider determine if the youth can legally authorize his/her own release of information.
  - b) If the youth can legally provide authorization for release of information, advise the service provider that he/she must obtain the signature of the youth on the applicable form(s) utilized by that provider. For DMH providers, the forms are: Consent of Minor, Consent for Services, and Authorization for Disclosure of Protected Health Information. Request copies of the documents and file in the Psychological/Medical/ Dental/School folder (purple).
5. If the child is placed, provide the caregiver with the youth's HEP, HEP Binder and several DCFS 561(a)(b)(c) series forms.
6. Instruct the caregiver on how to utilize the forms for documentation of health and mental health information during the child's regular visits to the doctor, dentist, mental health care provider or psychiatrist.
7. Request PHI from health and mental health care providers by utilizing the DCFS 179-PHI.

### **SISW or SCSW Responsibilities**

1. When appropriate, support and assist the CSW to obtain required health or mental health care information for the child.

**G. WHEN: REQUESTING ACCESS TO PROTECTED HEALTH INFORMATION (PHI) OF CHILDREN UNDER CURRENTLY OPEN DCFS NON-COURT SUPERVISED CASES WITH A POSITIVE MENTAL HEALTH SCREENING TOOL (MHST), OBSERVATION OF BEHAVIORAL INDICATOR OR POTENTIAL DEVELOPMENTAL DELAY**

**Case Carrying CSW Responsibilities**

1. Explain to the parent/legal guardian that their authorization for accessing protected health information is needed to provide the child with necessary and appropriate services. Explain to the parent/legal guardian that by signing the DCFS 179-PHI, (s)he is agreeing to authorize any physician, health care professional, hospital, clinic, laboratory, medical facility or other health care provider that has provided treatment or services, including mental health treatment, to their child to release relevant mental health information upon request to authorized employees of the Los Angeles County Department of Children and Family Services (DCFS).
2. If the parent/legal guardian signed the DCFS 179-PHI place the original in the Psychological/Medical/ Dental/School folder (purple) and provide a copy of the DCFS 179-PHI to the following:
  - a). Parent/legal guardian,
  - b). Any caregiver responsible for obtaining medical, mental health and/or developmental services (Regional Center) for the youth, and/or
  - c). Service provider responsible for providing medical or mental health for the youth and/or Regional Center for developmental services.
3. If the parent declined or is unavailable to sign the DCFS 179-PHI and it would be more expedient to obtain authorization for release of information from a youth 12 and older, document efforts made to obtain authorization from the parent/legal guardian in the Contact Notebook and attempt to obtain consent from the youth if s/he is 12 years of age or older by completing the following steps:
  - a) If the youth is 12 years of age or older, have the service provider determine if the youth can legally consent to authorization to release his/her own mental health and/or developmental information.
  - b) If the youth can legally provide consent to authorization to release of his/her own medical, mental health and/or developmental information, advise the service provider that he/she must obtain the signature of the youth on the applicable form(s) utilized by that provider. For DMH providers, the forms are: Consent of Minor, Consent for Services, and Authorization for Disclosure of Protected

Health Information. Request copies of the documents and file in the Psychological/Medical/ Dental/School folder (purple).

**H. WHEN: A PARENT/GUARDIAN OF A CHILD UNDER COURT ORDERED DCFS SUPERVISION WITHDRAWS AUTHORIZATION FOR DISCLOSURE OF THE CHILD'S PROTECTED HEALTH INFORMATION**

A parent/guardian of a court ordered DCFS supervised child may withdraw authorization for disclosure of his/her child's PHI by completing and signing the: "Revocation of Authorization for Disclosure of Child's Protected Health Information (PHI)" form (located on the reverse side of the DCFS 179-PHI form) and mailing or delivering it to the child's CSW.

**ISW or CSW Responsibilities**

Upon receipt of the completed and signed Revocation of Authorization for Disclosure of Child's Protected Health Information (PHI) form (see above) the CSW should:

1. Inform the health and/or mental health provider that the parent/guardian withdrew their authorization for the disclosure of the child's protected health information. Discuss what information is needed and determine if the health and/or mental health care provider is willing to disclose the information without authorization as allowed by law (refer to page 4 of this Procedural Guide regarding when it is permissible for a health care provider to release PHI without authorization).
2. If the health care provider requires authorization, determine if the youth may authorize or if authorization must be requested from the court:

Youth Authorization for Disclosure of her/his PHI:

a) Medical Information

- i) Determine if the youth meets the requirements to authorize the disclosure of his/her medical information (refer to page 7 of this Procedural Guide regarding when a youth may authorize).
- ii) Obtain the youth's authorization via the ABCDM 228 and request the needed medical information from the health care provider.

b) Mental Health Information

- i) If the youth is 12 years of age or older, ask the mental health provider to determine if the youth can authorize the disclosure of her/his protected health information and if so, have the mental health provider obtain written consent from the youth. (Please see page 6 of this Procedural Guide for a list of situations in which a youth may authorize disclosure of PHI.)

**NOTE:** For questions regarding consent for assessment and services, please refer to Procedural Guide 0600-501.09, Consent for Mental Health and/or Developmental Assessment and Services.

- ii) Ask the mental health provider to include DCFS as an authorized PHI recipient on the document authorizing disclosure of protected health information.
- iii) Request a copy of the mental health provider's document authorizing disclosure of protected health information signed by the youth and file it in the Psychological/Medical/ Dental/School folder (purple).

#### Court Authorization

- a) Walk-on an Ex-Parte report informing the court that the parent/guardian withdrew their authorization for disclosure of the child's protected health information. State that the health care or mental health care provider is unwilling to disclose PHI to DCFS for progress reports on the child's health or mental health care without court authorization. Attach a copy of the parent/legal guardian signed, "Revocation of Authorization for Disclosure of Child's Protected Health Information (PHI)" form to the court report. (Please note that the form is located on the reverse side of the DCFS 179-PHI.) Include the following language under Recommendation:

**It is respectfully recommended that the court make the following order: The child[ren]'s service provider shall provide DCFS with information relevant to the care and treatment of the child[ren] upon request by DCFS. Such information shall not include the details of therapeutic sessions or statements made by the child[ren] unless otherwise required by law. Further pursuant to Welfare and Institutions Code Section 5328.04 and Civil Code §56.103 information disclosed pursuant to this order may not be admitted into evidence in any criminal or delinquency proceeding against the child. Nothing in this order shall prohibit identical evidence derived solely from other lawful means from being admissible in a criminal proceeding.**

- b) Upon receipt of the court minute order authorizing disclosure of protected health information, submit a request for the medical or mental health information to the provider accompanied by a redacted copy of the minute order.

## SISW or SCSW Responsibilities

1. Review and approve the Ex-Parte court report. If changes are needed, instruct the CSW to make the required changes prior to submission to the court.

## APPROVAL LEVELS

Section	Level	Approval
A. - B.	N/A	N/A
C. - E.	<b>SCSW</b>	Detention Report
F.	<b>SCSW</b>	Ex Parte
G.	N/A	N/A
H.	<b>SCSW</b>	Ex Parte

## OVERVIEW OF STATUTES/REGULATIONS

**Civil Code, Section 56.05(g)** Defines Medical Information.

**Civil Code, Section 56.10(c)(20)** Allows a provider of health care or a health care service plan to disclose medical information as described in Civil Code Section 56.103.

**Civil Code, Section 56.103** Allows health and mental health providers to disclose foster child medical information related to service coordination, service delivery and treatment to CSW's, caregivers and the court.

Defines health care services and medical treatment.

Prohibits re-disclosure unless related to service coordination, service delivery or treatment.

Defines CSW's as HIPAA "third parties" and permits them to receive protected health information (PHI)/medical information.

Prohibits use of disclosed medical or mental health information to be used as evidence against the foster youth in a criminal proceeding.

Clarifies that the authority of the CSW does not expand beyond the authority of a custodial parent or patient representative regarding access to medical information (unless that authority has been limited by the court).

**Family Code Section 6922** Lists the requirements that must be met before a minor may consent to his/her own medical or dental care.

**Family Code Section 6924** Lists the requirements that must be met before a minor may consent to her/his mental health treatment or counseling on an outpatient basis, or to residential shelter services.

**Family Code Section 7002** Lists the conditions that must be satisfied before a minor may be considered emancipated.

**Family Code Section 7120** Specifies the facts that must be included when a minor petitions the county superior court for a declaration of emancipation.

**California Department of Social Services (CDSS All County Information Notice I-20-08, Psychotropic Medications** references and incorporates current and new legal requirements regarding health records for foster children; access to foster children's Protected Health Information (PHI) by CSW's; documentation of PHI in CWS/CMS and restrictions on sharing PHI gathered by DCFS. It requires accurate timely and complete health and mental health data collection in CWS/CMS regarding psychotropic medication.

**Code of Federal Regulations, Title 45, Section 164.01** states: Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

**Welfare and Institutions Code 830 states:** Notwithstanding any other provision of law, members of a multidisciplinary personnel team engaged in the prevention, identification, and treatment of child abuse may disclose and exchange information and writings to and with one another relating to any incidents of child abuse that may also be a part of a juvenile court record or otherwise designated as confidential under state law if the member of the team having that information or writing reasonably believes it is generally relevant to the prevention, identification, or treatment of child abuse. All discussions relative to the disclosure or exchange of any such information or writings during team meetings are confidential and, notwithstanding any other provision of law, testimony concerning any such discussion is not admissible in any criminal, civil, or juvenile court proceeding.

As used in this section, "child abuse" has the same meaning as defined in Section 18951. As used in this section, "multidisciplinary personnel team" means any team of three or more persons, as specified in Section 18951, the members of which are trained in the prevention, identification, and treatment of child abuse and are qualified to provide a broad range of services related to child abuse.

## LINKS

California Code	<a href="http://www.leginfo.ca.gov/calaw.html">http://www.leginfo.ca.gov/calaw.html</a>
Division 31 Regulations	<a href="http://www.cdss.ca.gov/ord/PG309.htm">http://www.cdss.ca.gov/ord/PG309.htm</a>
Title 22 Regulations	<a href="http://www.dss.cahwnet.gov/ord/PG295.htm">http://www.dss.cahwnet.gov/ord/PG295.htm</a>
CA Dept. Soc. Svcs.	<a href="http://www.dss.cahwnet.gov/cdssweb/">http://www.dss.cahwnet.gov/cdssweb/</a>
Code of Federal Regulations	<a href="http://www.access.gpo.gov/cgi-bin/cfrassemble.cgi">http://www.access.gpo.gov/cgi-bin/cfrassemble.cgi</a>

## RELATED POLICIES

**Procedural Guide 0070-521.11**, Assessment of Medical Neglect  
**Procedural Guide 0070-524.10**, Assessment of Failure to Thrive  
**Procedural Guide 0070-525.10**, Assessment of Shaken Baby Syndrome  
**Procedural Guide 0070-526.10**, Assessment of Fetal Alcohol Syndrome  
**Procedural Guide 0070-528.10**, Assessment of Medical, Educational and Mental Health Special Needs  
**Procedural Guide 0070-529.10**, Assessing Allegations of Physical Abuse  
**Procedural Guide 0080-502.10**, Initial Case Plan  
**Procedural Guide 0080-504.20**, Case Plan Update  
**Procedural Guide 0080-505.20**, Health and Education Passport (HEP)  
**Procedural Guide 0100-520.40**, Out-of-Home Caregivers: Legal Consent Authority  
**Procedural Guide 0300-503.12**, Health and Education Questionnaire  
**Procedural Guide 0300-506.08**, Communications with a Child's Attorney  
**Procedural Guide 0500-501.10**, Releasing DCFS Case Record Information  
**Procedural Guide 0500-501.20**, Release of DCFS Case Records to Service Providers.  
**Procedural Guide 0500-501.30**, Disclosures of Health and Mental Health Information To and From County Departments Providing Services to a Child/Youth  
**Procedural Guide: 0500-507.10**, Confidentiality Protocols for Telecommuting, Users of Portable Computing Devices and Mobile Workers.  
**Procedural Guide 0600-500.05**, Multidisciplinary Assessment Team (MAT)  
**Procedural Guide 0600-501.09**, Consent for Mental Health and/or Developmental Assessment and Services  
**Procedural Guide 0600-501.10**, Medical Consent  
**Procedural Guide 0600-513.10**, Medical Case Management Services (MCMS) Unit: Intake/Transfer Criteria and Transfer Procedures  
**Procedural Guide 0600-514.10**, Psychotropic Medication Authorization for DCFS Supervised Children  
**Procedural Guide 0600-515.11**, Interagency Placement Screening Committee Presentation Guide (Level 14 Screening)  
**Procedural Guide 0600-520.00**, Collaborating with Regional Center to Provide Services to Children/Youth  
**Management Directive 08-03**, Use of Department Portable Computing Devices  
**Management Directive 08-04**, Information Technology Security Incident Reporting

**Board of Supervisors Policy 3.040, General Records Retention and Protection of  
Records Containing Personal and Confidential Information**

**FORM(S) REQUIRED/LOCATION**

**HARD COPY**                      **NONE**

**LA KIDS**                      **DCFS 179**, Parental Consent and Authorization for Medical Care  
and Release of Health and Education Records  
**DCFS 179-MH**, Parental Consent for Child's Mental  
Health/Developmental Assessment and Participation in Mental  
Health/Developmental Services  
**DCFS 179-PHI**, Authorization for Disclosure of Child's Protected  
Health Information (Revocation of Authorization for Disclosure of  
Child's Protected Health Information (PHI) is located on the reverse  
side of this form)  
**DCFS 4158**, Authorization for General Medical Care for a Child  
Placed by an Order of the Juvenile Court  
**DCFS 561(a)(b)(c)**, Health Care Examination series  
**ABCDM 228 (06/99)**, Applicant's Authorization For Release Of  
Information  
**JV-225**, Health and Education Questionnaire  
Parenting Youth's Authorization to Document and Share Her/His  
Non-Dependent Child's Health Information  
Revocation of Authorization for Disclosure of Child's Protected  
Health Information (PHI) (located on the reverse side of the DCFS  
179-PHI form)

**CDSS Web-site:**              **AD 100 (06/01)**, Authorization For Release Of Information  
(Adoptions use only)

**CWS/CMS:**                      Initial Case Plan  
Case Plan Update  
Health and Education Notebook  
Health and Education Passport  
Ex-Parte Report (Court Notebook)

**SDM:**                              None

<b>SHARING AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI) FOR DCFS INVOLVED CHILDREN</b>
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<b>Emergency Response Referrals</b>	PHI sharing begins during the decision making process regarding a child's removal, placement and reunification. Examples of when this might occur could be when the initial referral was generated by a medical professional regarding suspicious injuries, a newborn's positive toxicology or medical neglect.
<b>Team Decision Making (TDM)</b>	Team Decision making is a strength based collaborative process involving DCFS staff, family members, and invited community members, caregivers, and service providers for the purpose of ensuring child safety including placement, as well as, appropriate interventions and supports to families. The health and mental health needs of the child are addressed during this process.
<b>Temporary Custody</b>	When CSW's take children into temporary custody, they collect as much health and mental health information about each child as possible. The information comes from various sources including immediate family members, the school and health care providers. This information includes the child's medications, provider information, hospitalization information, etc.
<b>Multidisciplinary Assessment Team (MAT)</b>	DCFS, in collaboration with DMH and other community providers, provide a Multidisciplinary Assessment Team (MAT) program to ensure that each child who enters out-of-home care, receives immediate and comprehensive assessments and services, including health and mental health diagnostic and treatment services.
<b>Medical Hubs</b>	Under the leadership of DCFS and in partnership with the Department of Health Services (DHS) and DMH, a countywide Medical Hub Program has been established to create better outcomes for children by providing expert medical examinations and care. The six Medical Hubs provide Initial Medical Exams, Forensic Evaluations, the latter as determined needed, and age-appropriate mental health screenings for DCFS served children who are newly detained.
<b>JV 225</b>	At the detention hearing the court is required to direct each parent to provide to DCFS complete health and mental health information regarding each child and medical background of the child and the parents. Out-stationed DCFS Public Health Nurses are available to assist parents in completing the court ordered JV 225.
<b>Health and Education Passport (HEP)</b>	California Laws and Regulations require the maintenance of health and education information as part of each child's case plan. This information is to include general summary information regarding health care providers, as well as, immunizations, allergies, known health and mental health problems, current medications, past

**SHARING AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)  
FOR DCFS INVOLVED CHILDREN**
**Health and Education  
Passport (HEP)**

*continued*

health and mental health problems and hospitalizations. DCFS utilizes the CWS/CMS Health and Education Passport (HEP) document for this purpose. The HEP will automatically be updated and revised each time new health data is entered into CWS/CMS. The caregiver is asked to bring the most recent HEP to health and mental health care appointments and to ask the provider to document current health and mental health care information on the DCFS 561(a)(b)(c). The CSW collects copies of the completed DCFS 561 series documents at the monthly home visit. The DCFS Public Health Nurses are assisting the CSW's in the maintenance of current health and mental health care information in CWS/CMS by reviewing the completed DCFS 561(a)(b)(c), following up if needed and then entering the data into CWS/CMS.

**Health and Education  
Passport Binder (HEP Binder)**

When a child is in placement the caregiver and the CSW work together to gather and share health and mental health information for the ongoing care of the child. This information is filed by the caregiver in the HEP Binder and reviewed and monitored by the CSW during monthly home visits.

**Court Reports**

As required by California law and the court, the CSW documents the child's current health and mental health status in the current court report and attaches a copy of the current HEP document and any other relevant health or mental health care documents to the court report. Copies of the court report are provided to all parties including: the parents, the attorney's, CASA's and to children 10 years of age or older.

**Special Circumstances**

Psychotropic medication authorization requires a court order and the request is submitted directly to the court by the child's psychiatrist.

Approval for surgical procedures or general anesthesia is sought first from the parents and if not available, then from the court.

**Confidentiality**

The confidentiality of all DCFS case records is protected by law. Information in DCFS case records may not be shared without a court order. A child's protected health information (PHI) may be shared between and among health care providers, DCFS and other agencies only as provided by Civil Code 56.103 or; when the disclosure of PHI has been authorized by a parent/guardian with legal custody or; the disclosure has been authorized by the court.